

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 39720

00201

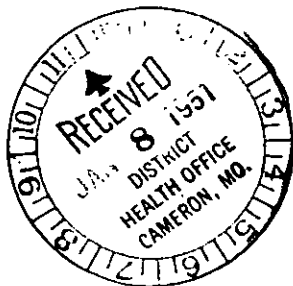
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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 2017 Registrar's No. 491

|   |   |   |  |
|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Andrew</u>  |   | 2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u>  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>SAVANNAH</u>  |   | c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural 12 mi</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home Rural</u>  |   | d. STREET ADDRESS (If rural, give location) <u>South SAVANNAH mo</u>  |  |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>Rr.</u> c. (Last) <u>Breit</u>   |   | 4. DATE OF DEATH (Month) (Day) (Year) <u>12-27-1950</u>   |  |
| 5. SEX <u>F</u>   | 6. COLOR OR RACE <u>W</u>   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>   | 8. DATE OF BIRTH <u>8-14-1866</u>        |
| 9. AGE (In years last birthday) <u>84</u>   | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u> | 11. BIRTHPLACE (State or foreign country) <u>Greenfield Ind</u>   | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |
| 13a. FATHER'S NAME <u>Thomas Munden</u>   |   | 13b. MOTHER'S MAIDEN NAME <u>Margrete Fletcher</u>  |  |
| 14. NAME OF HUSBAND OR WIFE <u>William I Breit</u>  |   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>   |  |
| 16. SOCIAL SECURITY NO. <u>no</u>   |   | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Nellie Hughes Savannah mo</u>   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. |   | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Arteriosclerosis</u><br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>391X</u> |  |
| 19a. DATE OF OPERATION  |   | 19b. MAJOR FINDINGS OF OPERATION  |  |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>   |   | 21a. ACCIDENT SUICIDE HOMICIDE (Specify)  |  |
| 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |   | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.  |   | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  |
| 21f. HOW DID INJURY OCCUR?  |   | 22. I hereby certify that I attended the deceased from <u>Dec 2</u> , 19 <u>50</u> , to <u>Dec 27</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Dec 26</u> , 19 <u>50</u> , and that death occurred at <u>11:00</u> a. m., from the causes and on the date stated above.  |  |
| 23a. SIGNATURE (Degree or title) <u>Dr. J. O. Boyd MD</u>   |   | 23b. ADDRESS <u>Savannah mo</u>   |  |
| 23c. DATE SIGNED <u>12/30/50</u>  |   | 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   |  |
| 24b. DATE <u>12-30-1950</u>   |   | 24c. NAME OF CEMETERY OR CREMATORY <u>SAVANNAH</u>  |  |
| 24d. LOCATION (City, town, or county) <u>SAVANNAH mo</u>  |   | 25. FUNERAL DIRECTOR'S SIGNATURE <u>William I Breit</u>   |  |
| DATE REC'D BY LOCAL REG. <u>1-1-51</u>  |   | ADDRESS <u>Funeral Home Savannah mo</u>   |  |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*E. C. Breit*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. *2658*

P. O. Address *Savannah, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.